

THE STANFORD HEALTH ASSESSMENT QUESTIONNAIRE©

Subject's IMACS Number _____
Person Completing: ___ Patient ___ Other: Relationship _____
Date of assessment (mm/dd/yy) _____ Assessment number _____

In HAQ Disability Index, we are interested in learning how your illness affects your ability to function in daily life. Please feel free to add any comments on the back of this page.

Please check the response which best describes your usual abilities OVER THE PAST WEEK:

	Without ANY <u>difficulty</u> ⁰	With SOME <u>difficulty</u> ¹	With MUCH <u>difficulty</u> ²	UNABLE <u>to do</u> ³
DRESSING & GROOMING				
Are you able to:				
-Dress yourself, including tying shoelaces, and doing buttons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Shampoo your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARISING				
Are you able to:				
-Stand up from a straight chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Get in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EATING				
Are you able to:				
-Cut your meat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Lift a full cup or glass to your mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Open a milk carton?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALKING				
Are you able to:				
-Walk outdoors on flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Climb up five steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check any AIDS OR DEVICES that you usually use for any if these activities:

Cane	Devices used for dressing (button hook, zipper pull, shoe horn, etc.)
Walker	Special or built up utensils
Crutches	Special or built up chair
Wheelchair	Other (specify: _____)

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

Dressing and Grooming	Eating
Arising	Walking

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HYGENE

Are you able to:

-Wash and dry your body?

-Take a tub bath

-Get on and off the toilet

REACH

Are you able to:

-Reach and get down a 5-pound
object (such as a bag of sugar) from
just above your head?

-Bend down to pick up clothing
from floor?

GRIP

Are you able to:

-Open car doors?

-Open jars which have been
previously opened?

-Turn faucets on and off?

ACTIVITIES

Are you able to:

-Run errands and shop?

-Get in and out of a car?

-Do chores such as vacuuming or
yardwork?

Please check any AIDS or DEVICES that you usually use for any activities:

Raised toilet seat

Bathtub bar

Bathtub seat

Long-handled appliances for reach

Jar opener (for jars previously opened)

Long-handled appliances in bathroom

Other (specify _____)

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

Hygiene

Gripping and opening things

Reach

Errands and chores

We are also interested in learning whether or not you are affected by pain because of your illness.

How much pain have you had because of your illness IN THE PAST WEEK:

PLACE A VERTICAL (|) MARK ON THE LINE TO INDICATE THE SEVERITY OF PAIN

NO PAIN		SEVERE PAIN
0	<hr/>	100

Considering all the way that your Myositis affects you, rate how you are doing on the following scale by placing a vertical mark on the line.:

Very Well		Very Poor
0	<hr/>	100

Modified from: Bruce B, Fries JF. The Stanford Health Assessment Questionnaire: dimensions and practical applications. Health Qual Life Outcomes. 2003 Jun 9;1:20. doi: 10.1186/1477-7525-1-20. PMID: 12831398; PMCID: PMC165587. [PubMed](#)